

# INFORMATION

## THE PHYSICIAN AND MEDICAL-LEGAL PHASES IN THE ADOPTION OF CHILDREN\*

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The placing of a newborn infant in the hands of foster parents bears a great legal as well as moral responsibility. Physicians should be thoroughly conversant with the laws of the State of California which require that relinquishing of any child for adoption must be handled by a licensed agency, or through the State Department of Social Welfare. The interests of the real parent, the foster parent and, above all, the child are entitled to protection which this method provides.

The importance of the whole problem of adoption has been brought to the attention of the medical, legal and social welfare professions and a committee has been studying this problem for the past year. Certain facts will emphasize the need for such a study. Locally as well as nationally there exists what is popularly known as a "black market" in babies. Unscrupulous doctors, lawyers, and other greedy individuals have taken newborn infants away from their mothers and placed them with some young couple unable to have a child of their own, the couple paying the so-called expenses in order to obtain the baby. Many girls finding that they are pregnant will accept readily any suggestion which will take from them the responsibility for the baby's care as well as their own. Probably two-thirds of the babies for adoption are from these mothers. The number has increased in astounding proportions during these war years. Licensing of child placement agencies is required in 30 states, including California. (This was done by Congress for the District of Columbia by passing the so-called "Baby Broker's Bill.")

The demand always exceeds the supply of babies. Therefore, it is not surprising to find 5,132 petitions were filed by foster parents in California last year and over 5,000 applications are on file with the two approved agencies to adopt infants.

Last year, 917 children were relinquished to the licensed agencies for these 5,000 petitioners. In addition, 2,931 independent adoptions were filed and were investigated by the State Department of Social Welfare. The proper method of procedure for doctors is to refer the baby as well as prospective foster parents to the licensed agencies, which after accepting the relinquishment of the child are able to study the particular infant and select a home best suited to his needs. The problem is, therefore, to increase the facilities for the handling of adoptions by expansion of the present licensed agencies by increased financial support through donations, direct grants or subsidies by the state, and by increasing the number of such agencies under either private or public auspices.

The small number cared for by the present agencies has caused many physicians and lawyers, who are the contacts with prospective petitioners, to make private placements which lead to independent adoptions. Doctors are besieged by patients who cannot have children by reason of sterility. An unwed mother comes to the doc-

tor—she may come from a neighboring city, possibly from one of the doctor's colleagues. He is asked to care for her at a reduced fee and he knows of a couple wanting a baby. He explains to the expectant mother that he will see that the baby is cared for, and as soon as the baby is born all she has to do is to release the baby to some second person, thus relieving her of responsibility and assuring that her identity will be concealed. This is the first mistake. Hospitals must notify the State Department of Social Welfare when a baby is released to any person other than the parent, and a representative of the State Department must be present when the mother signs the consent to the adoption. The necessary investigation of either the child or the home is made after the placement. The best interest of the infant may not be served in that particular environment. Since the placement preceded adequate knowledge of the child and home, the child's welfare is not properly safeguarded.

Once the child is placed in the home, what if the child's development results in some unforeseen abnormality? What if he or she is a mental defective? What if serious health or other problems of the adoptive parents appear? It would be far better to have a period during which the child and the adoptive parents are observed, and during which petitioners and the child can be matched as to religion, nationality and cultural background. Again, what chances the foster parents take when the unwed mother may see on the paper she signs the name of the petitioners and their address! She may not look, but it is a possibility. Also, what about the doctor if this unwed mother comes back and says, "Doctor, where is my baby?" Or, "I made a mistake; I want my baby back!"

This is the problem in which you are vitally involved. Knowing the dangers to everyone concerned, you can avoid making irregular placements.

Laws of various other states are being studied as well as present California statutes, in order to make such changes as will protect all persons concerned in adoptions. Our duties to the unwed mother and to her child, as well as to our eager patients who want an adopted child, should be governed by the experience of our State Department of Social Welfare.

1. An unwed mother should be referred to a social agency as soon as she comes under the physician's care.

2. Petitioners desirous of obtaining a child by adoption should be referred to a licensed agency of the State Department of Social Welfare.

3. Do not take the responsibility of an independent adoption placement.

4. Do not deliver a baby and make arrangements with a third person to pay the bill with the guarantee that the baby can be adopted.

5. Obey the law and encourage any legislation or campaign to make available care for more infants during the period when they may be observed or studied.

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